State of California Office of Administrative Law

In re:

Department of Developmental Services

Regulatory Action:

Title 17, California Code of Regulations

Amend sections: 57310, 57332, 58886, and

58888

NOTICE OF APPROVAL OF REGULATORY **ACTION**

Government Code Section 11349.3

OAL Matter Number: 2022-0810-02

OAL Matter Type: Regular Resubmittal (SR)

In this regular rulemaking, the Department of Developmental Services ("DDS") is amending the maximum reimbursement rates for voucher services, non-residential services, and participant-directed services. Additionally, DDS is adding "personal assistance", "independent living services", and "supported employment" to the list of participant-directed services.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 9/16/2022.

Date:

September 15, 2022

Steven J. Escobar

Senior Attorney

Original: Nancy Bargmann, Director

Copy:

Amy Whiting

For:

Kenneth J. Pogue

Director

DocuSign Envelope ID: 7D5 STATE OF CALIFORNIA-OFFICE OF ADM NOTICE PUBLICATI

OAL FILE NOTICE FILE NUMBER

STD. 400 (REV. 10/2019)

For use by Secretary of State only

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For use by Office of Administrative Law (OAL) only							ENDORSED - FILED In the office of the Secretary of State of the State of California		
		APPEAR OF ARLITAL LALL				SEP. 15 2022			
			OFFICE OF ADMIN, LAW 2022 AUG 10 PM2:19				\		
		Man William Straight and William Telescope				1:54 PM			
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NOTICE		REGULATIONS							
Department of Development	AGENCY FILE NUMBER (If any)								
			blication in I	Matica	Ponietor)				
A. PUBLICATION OF NO	TICE (COMP		TLE(S)	volice	FIRST SECTION AFFEC	TEO	2. REQUESTED PUBLICAT	TION DATE	
Participant Directed Service		7		57310		October 8, 2021			
3. NOTICE TYPE Notice re Proposed		4. AGENCY CONTACT PERSON			TELEPHONE NUMBER		FAX NUMBER (Optional)		
Regulatory Action Other Army VVI					(916) 654-4418 NOTICE REGISTER NUMBER		PUBLICATION DATE		
OAL USE ACTION ON PROPOSEI Approved as Submitted	Approved Modified	las	Disappro Withdraw		ZOZI, No.		1018 2021		
B. SUBMISSION OF REG	H. H.	(Complete							
1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED							OAL REGULATORY ACTION N	UMBER(S)	
Participant Directed Services Resubmittal 2022-0422-06S									
2. SPECIFY CALIFORNIA CODE OF REGU		AND SECTION(S)	(including title 26, it	f toxics re	lated)				
SECTION(S) AFFECTED	ADOPT								
(List all section number(s) individually. Attach	AMEND	<u>-</u>							
additional sheet if needed.) 57310, 57332, 58886 and 58888									
TITLE(S)	REPEAL					***************************************		***************************************	
17	<u></u>								
3. TYPE OF FILING Regular Rulemaking (Gov.	Certificate of	of Compliance: T	he agency officer i	named	Emergency Reado	ppt	Changes Without	-	
Code §11346)		ncy complied with to 1346.2-11347.3 e		└── (Gov. Code, §113	(Gov. Code, §11346.1(h)) Regula				
or withdrawn nonemergency			gulation was adopted or				Code Regs., title 1, §100)		
filing (Gov. Code §§11349.3, 11349.4)	waim are a	me penou requir	ed by statute.		Print Only				
Emergency (Gov. Code, §11346.1(b))		Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) Other (Specify)							
4. ALL BEGINNING AND ENDING DATES (AKING FILE (C	al. Code Regs. title 1, §44 and	Gov. Code §11347.1)	
February 28, 2022 to Marc 5. EFFECTIVE DATE OF CHANGES (Gov.					2022		**************************************		
Effective January 1, April 1, July October 1 (Gov. Code §11343.4(1, or Ef	fective on filing ecretary of State	with \$100 C Regula	hanges \ tory Effe	Without Effective of (Specify)	other 9116	12022		
6. CHECK IF THESE REGULATIONS REQU	JIRE NOTICE TO, C	R REVIEW, CONS					OR ENTITY		
Department of Finance (Form ST	D. 399) (SAM §66	560)	Fair Po	litical Pra	actices Commission		State Fire Marshal		
Other (Specify)									
7. CONTACT PERSON A mark NA/hiting			ELEPHONE NUMBE		FAX NUMBER (C	Optional)	E-MAIL ADDRESS (Optiona	•	
Amy Whiting (916) 654-4418 8. I certify that the attached copy of the regulation(s) is a true and correct copy For use							regulationsmailing@dds.ca.gov by Office of Administrative Law (OAL) only		
of the regulation(s) identified on this form, that the information specified on this form							ase by Onice of Administrative Law (OAL) only		
is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.							ENDORSED APPROVED		
SIGNATURE OF AGENCY HEAD OR DESIG		DATE				. not			
	Carla Castan	eda	Augus	st 10, 2	2022		SEP 1 5 21	022	
TYPED NAME AND TITLE OF SIGNATORY									
Carla Castaneda Chief Deputy Director							Office of Administrative Law		